

<b>Case Number:</b>	CM14-0019804		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	09/25/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [REDACTED] and has submitted a claim for lumbago and myalgia and myositis associated with an industrial injury date of September 25, 2000. Treatment to date has included oral analgesics, antidepressants and epidural steroid injection. Medical records from 2013 were reviewed and showed complaints of continued total body pain, chronic fatigue, problem with sleeping and low back pain radiating to the lower extremities. Utilization review dated February 3, 2014 denied the requests for 60 capsules of Sentra PM 1/3/2014 because patient's response to prior intake of the medication in terms of hours of sleep afforded and specific improvements in next-day functioning were not discussed; and 90 capsules of Trepadone 1/3/2014 because the guidelines do not recommend alternative treatments or dietary supplements for treatment of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RETROSPECTIVE REQUEST FOR SENTRA PM #60 DOS:1/3/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment For Workers' Compensation, Online Edition, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food Section.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain Chapter, Medical Food Section was used instead. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. ODG states that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In this case, the patient has been taking Sentra PM; however, recent progress notes did not discuss the patient's sleep hygiene. Moreover, there was no discussion of the benefits in terms of the quality or increased duration of sleep with its use. There is no evidence to support the use of this medical food for the treatment of any of the patient's conditions. Therefore, the retrospective request for Sentra PM #60 DOS 1/3/2014 is not medically necessary.

**RETROSPECTIVE REQUEST FOR TREPADONE #90 DOS:1/3/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM-2004), Chapter 6, page 137.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain Chapter, Medical Food Section was used instead. Trepadone is a medical food used for the management and relief of pain and inflammation related to joint disorders. ODG states that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In this case, the patient was prescribed with Trepadone; however, indication for its use was not mentioned. Moreover, there was no discussion of the benefits derived with its use. There is no evidence to support the use of this medical food for the treatment of any of the patient's conditions. Therefore, the retrospective request for Trepadone PM #90 DOS 1/3/2014 is not medically necessary.